

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 7/2013)		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel/please use Form CJA24 Please read instructions on next page.		COURT USE ONLY DUE DATE:										
1a. CONTACT PERSON FOR THIS ORDER Christine Ford		2a. CONTACT PHONE NUMBER (212) 909-6514		3a. CONTACT EMAIL ADDRESS cford@debevoise.com										
1b. ATTORNEY NAME (if different)		2b. ATTORNEY PHONE NUMBER		3b. ATTORNEY EMAIL ADDRESS										
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Debevoise & Plimpton LLP 919 Third Avenue New York, NY 10022		5. CASE NAME Riccardi v. Lynch et al		6. CASE NUMBER 3:12-cv-06003-										
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Belle Ball		8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> CJA: Do not use this form; use Form CJA24										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:														
a. HEARING(S) (OR PORTIONS OF HEARINGS)		b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed)		c. DELIVERY TYPE (Choose one per line)										
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
9/6/13	CRB			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:						ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).								
11. SIGNATURE 						12. DATE 9-12-13								
DISTRIBUTION:						<input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY								